

RCE TFW ✓

PTO/SB/30 (04-05)

Approved for use through 07/31/2006. OMB 0651-0031

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# Request for Continued Examination (RCE) Transmittal

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P.O. Box 1450  
Alexandria, VA 22313-1450

|                        |                     |
|------------------------|---------------------|
| Application Number     | 09/920,072          |
| Filing Date            | August 1, 2001      |
| First Named Inventor   | Forrest S. Baker IV |
| Art Unit               | 2645                |
| Examiner Name          | Allan Hoosain       |
| Attorney Docket Number | 2866.2.1            |

## This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application.

Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2.

1. **Submission required under 37 CFR 1.114** Note: If the RCE is proper, any previously filed unentered amendments and amendments enclosed with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise. If applicant does not wish to have any previously filed unentered amendment(s) entered, applicant must request non-entry of such amendment(s).

a. ☐ Previously submitted. If a final Office action is outstanding, any amendments filed after the final Office action may be considered as a submission even if this box is not checked.

i. ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on \_\_\_\_\_

ii. ☐ Other \_\_\_\_\_

b. ☒ Enclosed

i. ☐ Amendment/Reply

iii. ☒ Information Disclosure Statement (IDS)

ii. ☐ Affidavit(s)/ Declaration(s)

iv. ☒ Other Form 1449

## 2. **Miscellaneous**

a. ☐ Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of \_\_\_\_\_ months. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(i) required)

b. ☐ Other \_\_\_\_\_

## 3. **Fees**

The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed.

a. ☐ The Director is hereby authorized to charge the following fees, any underpayment of fees, or credit any overpayments, to Deposit Account No. \_\_\_\_\_. I have enclosed a duplicate copy of this sheet.

i. ☒ RCE fee required under 37 CFR 1.17(e)

ii. ☐ Extension of time fee (37 CFR 1.136 and 1.17)

iii. ☒ Other Submission of Information Disclosure Statement

b. ☒ Check in the amount of \$ ~~675.00~~ 970.00 enclosed

c. ☐ Payment by credit card (Form PTO-2038 enclosed)

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

|                   |                       |                  |                  |
|-------------------|-----------------------|------------------|------------------|
| Signature         | <u>David B. Fonda</u> | Date             | <u>5/26/2005</u> |
| Name (Print/Type) | David B. Fonda        | Registration No. | 39,672           |

## CERTIFICATE OF MAILING OR TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop RCE, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 or facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below.

|                   |                       |      |                  |
|-------------------|-----------------------|------|------------------|
| Signature         | <u>David B. Fonda</u> | Date | <u>5/26/2005</u> |
| Name (Print/Type) | David B. Fonda        |      |                  |

This collection of information is required by 37 CFR 1.114. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

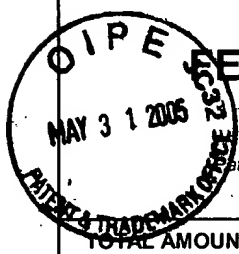
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## FEE TRANSMITTAL

Note: Effective December 8, 2004.  
Patent fees are subject to annual revision.

### Complete If Known

|                        |                     |
|------------------------|---------------------|
| Application Number     | 09/920,072          |
| Filing Date            | August 1, 2001      |
| First Named Inventor   | Forrest S. Baker IV |
| Group Art Unit         | 2645                |
| Examiner Name          | Allan Hoosain       |
| Attorney Docket Number | 2866.2.1            |

TOTAL AMOUNT OF PAYMENT **\$ 970**

| METHOD OF PAYMENT (check one)   | FEE CALCULATION (continued)  |                |              |  |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                    |  |      |      |      |      |                         |                           |      |      |      |      |  |  |      |      |      |      |  |  |      |      |       |      |                        |   |                     |      |     |      |    |  |              |       |                |          |       |   |        |      |                   |      |         |  |                      |      |         |      |              |   |              |      |                 |          |          |  |          |          |      |      |      |                  |                        |      |      |      |      |  |                                   |      |      |      |      |                          |                          |      |      |      |      |   |   |      |      |      |      |                                 |   |      |                     |      |     |                                    |  |          |   |      |     |                               |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |    |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |  |     |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |
|---|--|----------------|--------------|--|-----------------|-----------------|----------|----------|----------|----------|----------|------|------|------|--------------------|-------------------------------------|------|------|------|------|--------------------|--|------|------|------|------|-------------------------|---------------------------|------|------|------|------|--|--|------|------|------|------|--|--|------|------|-------|------|------------------------|---|---------------------|------|-----|------|----|--|--------------|-------|----------------|----------|-------|---|--------|------|-------------------|------|---------|--|----------------------|------|---------|------|--------------|---|--------------|------|-----------------|----------|----------|--|----------|----------|------|------|------|------------------|------------------------|------|------|------|------|--|-----------------------------------|------|------|------|------|--------------------------|--------------------------|------|------|------|------|---|---|------|------|------|------|---------------------------------|---|------|---------------------|------|-----|------------------------------------|--|----------|---|------|-----|-------------------------------|--|------|------|------|-----|-------------------|--|------|-----|------|-----|------------------|--|------|------|------|-----|-----------------|--|------|----|------|----|-------------------------------------|--|------|----|------|----|---|--|------|-----|------|-----|---|-----|------|----|------|----|--|--|------|-----|------|-----|--|-----|------|-----|------|-----|---|--|------|-----|------|-----|--|--|---------------------------|--|--|--|--|--|
| <p>1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:</p> <p>Deposit Account No.: _____</p> <p>Deposit Account Name: _____</p> <p>Charge Any Additional <input type="checkbox"/> Fee Required Under 37 CFR 1.16 and 1.17      Charge the Issue Fee <input type="checkbox"/> In 37 CFR at the Mailing of the Notice of Allowance</p> <p>2. <input checked="" type="checkbox"/> Payment Enclosed:</p> <p style="padding-left: 20px;"><input checked="" type="checkbox"/> Check    <input type="checkbox"/> Money Order    <input type="checkbox"/> Other</p>   | <p><b>3. ADDITIONAL FEES</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1051</td><td>130</td><td>2051</td><td>65</td><td>Surcharge - late filing fee or oath</td><td></td></tr> <tr><td>1052</td><td>50</td><td>2052</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet</td><td></td></tr> <tr><td>1053</td><td>130</td><td>1053</td><td>130</td><td>Non-English specification</td><td></td></tr> <tr><td>1812</td><td>2520</td><td>1812</td><td>2520</td><td>For filing a request for reexamination</td><td></td></tr> <tr><td>1804</td><td>920*</td><td>1804</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr> <tr><td>1805</td><td>1840*</td><td>1805</td><td>1840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr> <tr><td>1251</td><td>120</td><td>2251</td><td>60</td><td>Extension for reply within first month</td><td></td></tr> <tr><td>1252</td><td>450</td><td>2252</td><td>225</td><td>Extension for reply within second month</td><td></td></tr> <tr><td>1253</td><td>1020</td><td>2253</td><td>510</td><td>Extension for reply within third month</td><td></td></tr> <tr><td>1254</td><td>1590</td><td>2254</td><td>795</td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>1255</td><td>2160</td><td>2255</td><td>1080</td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>1401</td><td>500</td><td>2401</td><td>250</td><td>Notice of Appeal</td><td></td></tr> <tr><td>1402</td><td>500</td><td>2402</td><td>250</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>1403</td><td>1000</td><td>2403</td><td>500</td><td>Request for oral hearing</td><td></td></tr> <tr><td>1451</td><td>1510</td><td>1451</td><td>1510</td><td>Petition to institute a public use proceeding</td><td></td></tr> <tr><td>1452</td><td>110</td><td>2452</td><td>55</td><td>Petition to revive -unavoidably</td><td></td></tr> <tr><td>1453</td><td>1370</td><td>2453</td><td>685</td><td>Petition to revive - unintentional</td><td></td></tr> <tr><td>1460</td><td>130</td><td>1460</td><td>130</td><td>Petitions to the Commissioner</td><td></td></tr> <tr><td>1501</td><td>1400</td><td>2501</td><td>700</td><td>Utility Issue fee</td><td></td></tr> <tr><td>1502</td><td>800</td><td>2502</td><td>400</td><td>Design issue fee</td><td></td></tr> <tr><td>1503</td><td>1100</td><td>2503</td><td>550</td><td>Plant issue fee</td><td></td></tr> <tr><td>8007</td><td>20</td><td>8007</td><td>20</td><td>Copy of Patent Application as filed</td><td></td></tr> <tr><td>1807</td><td>50</td><td>1807</td><td>50</td><td>Petitions related to provisional applications</td><td></td></tr> <tr><td>1806</td><td>180</td><td>1806</td><td>180</td><td>Submission of Information Disclosure Stmt</td><td>180</td></tr> <tr><td>8021</td><td>40</td><td>8021</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td><td></td></tr> <tr><td>1801</td><td>790</td><td>2801</td><td>395</td><td>Request for continued examination (RCE) (37 CFR 1.114)</td><td>790</td></tr> <tr><td>1810</td><td>790</td><td>2810</td><td>395</td><td>Filing a submission after final rejection (37 CFR 1.129(a))</td><td></td></tr> <tr><td>1810</td><td>790</td><td>2810</td><td>395</td><td>For each additional invention to be examined (37 CFR 1.129(b))</td><td></td></tr> <tr><td colspan="6">Other fee (specify) _____</td></tr> </tbody> </table> | Large Entity   |              | Small Entity   |                 | Fee Description | Fee Paid | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 1051 | 130  | 2051 | 65                 | Surcharge - late filing fee or oath |      | 1052 | 50   | 2052 | 25                 | Surcharge - late provisional filing fee or cover sheet |      | 1053 | 130  | 1053 | 130                     | Non-English specification |      | 1812 | 2520 | 1812 | 2520   | For filing a request for reexamination |      | 1804 | 920* | 1804 | 920*                                       | Requesting publication of SIR prior to Examiner action |      | 1805 | 1840* | 1805 | 1840*                  | Requesting publication of SIR after Examiner action |                     | 1251 | 120 | 2251 | 60 | Extension for reply within first month |              | 1252  | 450            | 2252     | 225   | Extension for reply within second month |        | 1253 | 1020              | 2253 | 510     | Extension for reply within third month |                      | 1254 | 1590    | 2254 | 795          | Extension for reply within fourth month |              | 1255 | 2160            | 2255     | 1080     | Extension for reply within fifth month |          | 1401     | 500  | 2401 | 250  | Notice of Appeal |                        | 1402 | 500  | 2402 | 250  | Filing a brief in support of an appeal |                                   | 1403 | 1000 | 2403 | 500  | Request for oral hearing |                          | 1451 | 1510 | 1451 | 1510 | Petition to institute a public use proceeding |   | 1452 | 110  | 2452 | 55   | Petition to revive -unavoidably |   | 1453 | 1370                | 2453 | 685 | Petition to revive - unintentional |  | 1460     | 130   | 1460 | 130 | Petitions to the Commissioner |  | 1501 | 1400 | 2501 | 700 | Utility Issue fee |  | 1502 | 800 | 2502 | 400 | Design issue fee |  | 1503 | 1100 | 2503 | 550 | Plant issue fee |  | 8007 | 20 | 8007 | 20 | Copy of Patent Application as filed |  | 1807 | 50 | 1807 | 50 | Petitions related to provisional applications |  | 1806 | 180 | 1806 | 180 | Submission of Information Disclosure Stmt | 180 | 8021 | 40 | 8021 | 40 | Recording each patent assignment per property (times number of properties) |  | 1801 | 790 | 2801 | 395 | Request for continued examination (RCE) (37 CFR 1.114) | 790 | 1810 | 790 | 2810 | 395 | Filing a submission after final rejection (37 CFR 1.129(a)) |  | 1810 | 790 | 2810 | 395 | For each additional invention to be examined (37 CFR 1.129(b)) |  | Other fee (specify) _____ |  |  |  |  |  |
| Large Entity  |  | Small Entity   |              | Fee Description  | Fee Paid        |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                    |  |      |      |      |      |                         |                           |      |      |      |      |  |  |      |      |      |      |  |  |      |      |       |      |                        |   |                     |      |     |      |    |  |              |       |                |          |       |   |        |      |                   |      |         |  |                      |      |         |      |              |   |              |      |                 |          |          |  |          |          |      |      |      |                  |                        |      |      |      |      |  |                                   |      |      |      |      |                          |                          |      |      |      |      |   |   |      |      |      |      |                                 |   |      |                     |      |     |                                    |  |          |   |      |     |                               |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |    |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |  |     |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |
| Fee Code  | Fee (\$)   | Fee Code       | Fee (\$)     |  |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                    |  |      |      |      |      |                         |                           |      |      |      |      |  |  |      |      |      |      |  |  |      |      |       |      |                        |   |                     |      |     |      |    |  |              |       |                |          |       |   |        |      |                   |      |         |  |                      |      |         |      |              |   |              |      |                 |          |          |  |          |          |      |      |      |                  |                        |      |      |      |      |  |                                   |      |      |      |      |                          |                          |      |      |      |      |   |   |      |      |      |      |                                 |   |      |                     |      |     |                                    |  |          |   |      |     |                               |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |    |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |  |     |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |
| 1051  | 130  | 2051           | 65           | Surcharge - late filing fee or oath  |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                    |  |      |      |      |      |                         |                           |      |      |      |      |  |  |      |      |      |      |  |  |      |      |       |      |                        |   |                     |      |     |      |    |  |              |       |                |          |       |   |        |      |                   |      |         |  |                      |      |         |      |              |   |              |      |                 |          |          |  |          |          |      |      |      |                  |                        |      |      |      |      |  |                                   |      |      |      |      |                          |                          |      |      |      |      |   |   |      |      |      |      |                                 |   |      |                     |      |     |                                    |  |          |   |      |     |                               |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |    |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |  |     |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |
| 1052  | 50   | 2052           | 25           | Surcharge - late provisional filing fee or cover sheet                     |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                    |  |      |      |      |      |                         |                           |      |      |      |      |  |  |      |      |      |      |  |  |      |      |       |      |                        |   |                     |      |     |      |    |  |              |       |                |          |       |   |        |      |                   |      |         |  |                      |      |         |      |              |   |              |      |                 |          |          |  |          |          |      |      |      |                  |                        |      |      |      |      |  |                                   |      |      |      |      |                          |                          |      |      |      |      |   |   |      |      |      |      |                                 |   |      |                     |      |     |                                    |  |          |   |      |     |                               |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |    |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |  |     |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |
| 1053  | 130  | 1053           | 130          | Non-English specification  |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                    |  |      |      |      |      |                         |                           |      |      |      |      |  |  |      |      |      |      |  |  |      |      |       |      |                        |   |                     |      |     |      |    |  |              |       |                |          |       |   |        |      |                   |      |         |  |                      |      |         |      |              |   |              |      |                 |          |          |  |          |          |      |      |      |                  |                        |      |      |      |      |  |                                   |      |      |      |      |                          |                          |      |      |      |      |   |   |      |      |      |      |                                 |   |      |                     |      |     |                                    |  |          |   |      |     |                               |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |    |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |  |     |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |
| 1812  | 2520   | 1812           | 2520         | For filing a request for reexamination                                     |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                    |  |      |      |      |      |                         |                           |      |      |      |      |  |  |      |      |      |      |  |  |      |      |       |      |                        |   |                     |      |     |      |    |  |              |       |                |          |       |   |        |      |                   |      |         |  |                      |      |         |      |              |   |              |      |                 |          |          |  |          |          |      |      |      |                  |                        |      |      |      |      |  |                                   |      |      |      |      |                          |                          |      |      |      |      |   |   |      |      |      |      |                                 |   |      |                     |      |     |                                    |  |          |   |      |     |                               |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |    |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |  |     |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |
| 1804  | 920*   | 1804           | 920*         | Requesting publication of SIR prior to Examiner action                     |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                    |  |      |      |      |      |                         |                           |      |      |      |      |  |  |      |      |      |      |  |  |      |      |       |      |                        |   |                     |      |     |      |    |  |              |       |                |          |       |   |        |      |                   |      |         |  |                      |      |         |      |              |   |              |      |                 |          |          |  |          |          |      |      |      |                  |                        |      |      |      |      |  |                                   |      |      |      |      |                          |                          |      |      |      |      |   |   |      |      |      |      |                                 |   |      |                     |      |     |                                    |  |          |   |      |     |                               |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |    |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |  |     |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |
| 1805  | 1840*  | 1805           | 1840*        | Requesting publication of SIR after Examiner action                        |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                    |  |      |      |      |      |                         |                           |      |      |      |      |  |  |      |      |      |      |  |  |      |      |       |      |                        |   |                     |      |     |      |    |  |              |       |                |          |       |   |        |      |                   |      |         |  |                      |      |         |      |              |   |              |      |                 |          |          |  |          |          |      |      |      |                  |                        |      |      |      |      |  |                                   |      |      |      |      |                          |                          |      |      |      |      |   |   |      |      |      |      |                                 |   |      |                     |      |     |                                    |  |          |   |      |     |                               |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |    |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |  |     |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |
| 1251  | 120  | 2251           | 60           | Extension for reply within first month                                     |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                    |  |      |      |      |      |                         |                           |      |      |      |      |  |  |      |      |      |      |  |  |      |      |       |      |                        |   |                     |      |     |      |    |  |              |       |                |          |       |   |        |      |                   |      |         |  |                      |      |         |      |              |   |              |      |                 |          |          |  |          |          |      |      |      |                  |                        |      |      |      |      |  |                                   |      |      |      |      |                          |                          |      |      |      |      |   |   |      |      |      |      |                                 |   |      |                     |      |     |                                    |  |          |   |      |     |                               |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |    |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |  |     |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |
| 1252  | 450  | 2252           | 225          | Extension for reply within second month                                    |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                    |  |      |      |      |      |                         |                           |      |      |      |      |  |  |      |      |      |      |  |  |      |      |       |      |                        |   |                     |      |     |      |    |  |              |       |                |          |       |   |        |      |                   |      |         |  |                      |      |         |      |              |   |              |      |                 |          |          |  |          |          |      |      |      |                  |                        |      |      |      |      |  |                                   |      |      |      |      |                          |                          |      |      |      |      |   |   |      |      |      |      |                                 |   |      |                     |      |     |                                    |  |          |   |      |     |                               |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |    |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |  |     |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |
| 1253  | 1020   | 2253           | 510          | Extension for reply within third month                                     |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                    |  |      |      |      |      |                         |                           |      |      |      |      |  |  |      |      |      |      |  |  |      |      |       |      |                        |   |                     |      |     |      |    |  |              |       |                |          |       |   |        |      |                   |      |         |  |                      |      |         |      |              |   |              |      |                 |          |          |  |          |          |      |      |      |                  |                        |      |      |      |      |  |                                   |      |      |      |      |                          |                          |      |      |      |      |   |   |      |      |      |      |                                 |   |      |                     |      |     |                                    |  |          |   |      |     |                               |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |    |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |  |     |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |
| 1254  | 1590   | 2254           | 795          | Extension for reply within fourth month                                    |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                    |  |      |      |      |      |                         |                           |      |      |      |      |  |  |      |      |      |      |  |  |      |      |       |      |                        |   |                     |      |     |      |    |  |              |       |                |          |       |   |        |      |                   |      |         |  |                      |      |         |      |              |   |              |      |                 |          |          |  |          |          |      |      |      |                  |                        |      |      |      |      |  |                                   |      |      |      |      |                          |                          |      |      |      |      |   |   |      |      |      |      |                                 |   |      |                     |      |     |                                    |  |          |   |      |     |                               |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |    |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |  |     |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |
| 1255  | 2160   | 2255           | 1080         | Extension for reply within fifth month                                     |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                    |  |      |      |      |      |                         |                           |      |      |      |      |  |  |      |      |      |      |  |  |      |      |       |      |                        |   |                     |      |     |      |    |  |              |       |                |          |       |   |        |      |                   |      |         |  |                      |      |         |      |              |   |              |      |                 |          |          |  |          |          |      |      |      |                  |                        |      |      |      |      |  |                                   |      |      |      |      |                          |                          |      |      |      |      |   |   |      |      |      |      |                                 |   |      |                     |      |     |                                    |  |          |   |      |     |                               |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |    |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |  |     |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |
| 1401  | 500  | 2401           | 250          | Notice of Appeal   |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                    |  |      |      |      |      |                         |                           |      |      |      |      |  |  |      |      |      |      |  |  |      |      |       |      |                        |   |                     |      |     |      |    |  |              |       |                |          |       |   |        |      |                   |      |         |  |                      |      |         |      |              |   |              |      |                 |          |          |  |          |          |      |      |      |                  |                        |      |      |      |      |  |                                   |      |      |      |      |                          |                          |      |      |      |      |   |   |      |      |      |      |                                 |   |      |                     |      |     |                                    |  |          |   |      |     |                               |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |    |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |  |     |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |
| 1402  | 500  | 2402           | 250          | Filing a brief in support of an appeal                                     |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                    |  |      |      |      |      |                         |                           |      |      |      |      |  |  |      |      |      |      |  |  |      |      |       |      |                        |   |                     |      |     |      |    |  |              |       |                |          |       |   |        |      |                   |      |         |  |                      |      |         |      |              |   |              |      |                 |          |          |  |          |          |      |      |      |                  |                        |      |      |      |      |  |                                   |      |      |      |      |                          |                          |      |      |      |      |   |   |      |      |      |      |                                 |   |      |                     |      |     |                                    |  |          |   |      |     |                               |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |    |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |  |     |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |
| 1403  | 1000   | 2403           | 500          | Request for oral hearing   |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                    |  |      |      |      |      |                         |                           |      |      |      |      |  |  |      |      |      |      |  |  |      |      |       |      |                        |   |                     |      |     |      |    |  |              |       |                |          |       |   |        |      |                   |      |         |  |                      |      |         |      |              |   |              |      |                 |          |          |  |          |          |      |      |      |                  |                        |      |      |      |      |  |                                   |      |      |      |      |                          |                          |      |      |      |      |   |   |      |      |      |      |                                 |   |      |                     |      |     |                                    |  |          |   |      |     |                               |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |    |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |  |     |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |
| 1451  | 1510   | 1451           | 1510         | Petition to institute a public use proceeding                              |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                    |  |      |      |      |      |                         |                           |      |      |      |      |  |  |      |      |      |      |  |  |      |      |       |      |                        |   |                     |      |     |      |    |  |              |       |                |          |       |   |        |      |                   |      |         |  |                      |      |         |      |              |   |              |      |                 |          |          |  |          |          |      |      |      |                  |                        |      |      |      |      |  |                                   |      |      |      |      |                          |                          |      |      |      |      |   |   |      |      |      |      |                                 |   |      |                     |      |     |                                    |  |          |   |      |     |                               |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |    |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |  |     |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |
| 1452  | 110  | 2452           | 55           | Petition to revive -unavoidably  |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                    |  |      |      |      |      |                         |                           |      |      |      |      |  |  |      |      |      |      |  |  |      |      |       |      |                        |   |                     |      |     |      |    |  |              |       |                |          |       |   |        |      |                   |      |         |  |                      |      |         |      |              |   |              |      |                 |          |          |  |          |          |      |      |      |                  |                        |      |      |      |      |  |                                   |      |      |      |      |                          |                          |      |      |      |      |   |   |      |      |      |      |                                 |   |      |                     |      |     |                                    |  |          |   |      |     |                               |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |    |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |  |     |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |
| 1453  | 1370   | 2453           | 685          | Petition to revive - unintentional   |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                    |  |      |      |      |      |                         |                           |      |      |      |      |  |  |      |      |      |      |  |  |      |      |       |      |                        |   |                     |      |     |      |    |  |              |       |                |          |       |   |        |      |                   |      |         |  |                      |      |         |      |              |   |              |      |                 |          |          |  |          |          |      |      |      |                  |                        |      |      |      |      |  |                                   |      |      |      |      |                          |                          |      |      |      |      |   |   |      |      |      |      |                                 |   |      |                     |      |     |                                    |  |          |   |      |     |                               |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |    |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |  |     |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |
| 1460  | 130  | 1460           | 130          | Petitions to the Commissioner  |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                    |  |      |      |      |      |                         |                           |      |      |      |      |  |  |      |      |      |      |  |  |      |      |       |      |                        |   |                     |      |     |      |    |  |              |       |                |          |       |   |        |      |                   |      |         |  |                      |      |         |      |              |   |              |      |                 |          |          |  |          |          |      |      |      |                  |                        |      |      |      |      |  |                                   |      |      |      |      |                          |                          |      |      |      |      |   |   |      |      |      |      |                                 |   |      |                     |      |     |                                    |  |          |   |      |     |                               |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |    |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |  |     |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |
| 1501  | 1400   | 2501           | 700          | Utility Issue fee  |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                    |  |      |      |      |      |                         |                           |      |      |      |      |  |  |      |      |      |      |  |  |      |      |       |      |                        |   |                     |      |     |      |    |  |              |       |                |          |       |   |        |      |                   |      |         |  |                      |      |         |      |              |   |              |      |                 |          |          |  |          |          |      |      |      |                  |                        |      |      |      |      |  |                                   |      |      |      |      |                          |                          |      |      |      |      |   |   |      |      |      |      |                                 |   |      |                     |      |     |                                    |  |          |   |      |     |                               |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |    |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |  |     |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |
| 1502  | 800  | 2502           | 400          | Design issue fee   |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                    |  |      |      |      |      |                         |                           |      |      |      |      |  |  |      |      |      |      |  |  |      |      |       |      |                        |   |                     |      |     |      |    |  |              |       |                |          |       |   |        |      |                   |      |         |  |                      |      |         |      |              |   |              |      |                 |          |          |  |          |          |      |      |      |                  |                        |      |      |      |      |  |                                   |      |      |      |      |                          |                          |      |      |      |      |   |   |      |      |      |      |                                 |   |      |                     |      |     |                                    |  |          |   |      |     |                               |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |    |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |  |     |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |
| 1503  | 1100   | 2503           | 550          | Plant issue fee  |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                    |  |      |      |      |      |                         |                           |      |      |      |      |  |  |      |      |      |      |  |  |      |      |       |      |                        |   |                     |      |     |      |    |  |              |       |                |          |       |   |        |      |                   |      |         |  |                      |      |         |      |              |   |              |      |                 |          |          |  |          |          |      |      |      |                  |                        |      |      |      |      |  |                                   |      |      |      |      |                          |                          |      |      |      |      |   |   |      |      |      |      |                                 |   |      |                     |      |     |                                    |  |          |   |      |     |                               |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |    |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |  |     |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |
| 8007  | 20   | 8007           | 20           | Copy of Patent Application as filed  |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                    |  |      |      |      |      |                         |                           |      |      |      |      |  |  |      |      |      |      |  |  |      |      |       |      |                        |   |                     |      |     |      |    |  |              |       |                |          |       |   |        |      |                   |      |         |  |                      |      |         |      |              |   |              |      |                 |          |          |  |          |          |      |      |      |                  |                        |      |      |      |      |  |                                   |      |      |      |      |                          |                          |      |      |      |      |   |   |      |      |      |      |                                 |   |      |                     |      |     |                                    |  |          |   |      |     |                               |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |    |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |  |     |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |
| 1807  | 50   | 1807           | 50           | Petitions related to provisional applications                              |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                    |  |      |      |      |      |                         |                           |      |      |      |      |  |  |      |      |      |      |  |  |      |      |       |      |                        |   |                     |      |     |      |    |  |              |       |                |          |       |   |        |      |                   |      |         |  |                      |      |         |      |              |   |              |      |                 |          |          |  |          |          |      |      |      |                  |                        |      |      |      |      |  |                                   |      |      |      |      |                          |                          |      |      |      |      |   |   |      |      |      |      |                                 |   |      |                     |      |     |                                    |  |          |   |      |     |                               |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |    |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |  |     |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |
| 1806  | 180  | 1806           | 180          | Submission of Information Disclosure Stmt                                  | 180             |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                    |  |      |      |      |      |                         |                           |      |      |      |      |  |  |      |      |      |      |  |  |      |      |       |      |                        |   |                     |      |     |      |    |  |              |       |                |          |       |   |        |      |                   |      |         |  |                      |      |         |      |              |   |              |      |                 |          |          |  |          |          |      |      |      |                  |                        |      |      |      |      |  |                                   |      |      |      |      |                          |                          |      |      |      |      |   |   |      |      |      |      |                                 |   |      |                     |      |     |                                    |  |          |   |      |     |                               |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |    |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |  |     |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |
| 8021  | 40   | 8021           | 40           | Recording each patent assignment per property (times number of properties) |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                    |  |      |      |      |      |                         |                           |      |      |      |      |  |  |      |      |      |      |  |  |      |      |       |      |                        |   |                     |      |     |      |    |  |              |       |                |          |       |   |        |      |                   |      |         |  |                      |      |         |      |              |   |              |      |                 |          |          |  |          |          |      |      |      |                  |                        |      |      |      |      |  |                                   |      |      |      |      |                          |                          |      |      |      |      |   |   |      |      |      |      |                                 |   |      |                     |      |     |                                    |  |          |   |      |     |                               |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |    |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |  |     |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |
| 1801  | 790  | 2801           | 395          | Request for continued examination (RCE) (37 CFR 1.114)                     | 790             |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                    |  |      |      |      |      |                         |                           |      |      |      |      |  |  |      |      |      |      |  |  |      |      |       |      |                        |   |                     |      |     |      |    |  |              |       |                |          |       |   |        |      |                   |      |         |  |                      |      |         |      |              |   |              |      |                 |          |          |  |          |          |      |      |      |                  |                        |      |      |      |      |  |                                   |      |      |      |      |                          |                          |      |      |      |      |   |   |      |      |      |      |                                 |   |      |                     |      |     |                                    |  |          |   |      |     |                               |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |    |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |  |     |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |
| 1810  | 790  | 2810           | 395          | Filing a submission after final rejection (37 CFR 1.129(a))                |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                    |  |      |      |      |      |                         |                           |      |      |      |      |  |  |      |      |      |      |  |  |      |      |       |      |                        |   |                     |      |     |      |    |  |              |       |                |          |       |   |        |      |                   |      |         |  |                      |      |         |      |              |   |              |      |                 |          |          |  |          |          |      |      |      |                  |                        |      |      |      |      |  |                                   |      |      |      |      |                          |                          |      |      |      |      |   |   |      |      |      |      |                                 |   |      |                     |      |     |                                    |  |          |   |      |     |                               |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |    |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |  |     |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |
| 1810  | 790  | 2810           | 395          | For each additional invention to be examined (37 CFR 1.129(b))             |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                    |  |      |      |      |      |                         |                           |      |      |      |      |  |  |      |      |      |      |  |  |      |      |       |      |                        |   |                     |      |     |      |    |  |              |       |                |          |       |   |        |      |                   |      |         |  |                      |      |         |      |              |   |              |      |                 |          |          |  |          |          |      |      |      |                  |                        |      |      |      |      |  |                                   |      |      |      |      |                          |                          |      |      |      |      |   |   |      |      |      |      |                                 |   |      |                     |      |     |                                    |  |          |   |      |     |                               |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |    |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |  |     |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |
| Other fee (specify) _____   |  |                |              |  |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                    |  |      |      |      |      |                         |                           |      |      |      |      |  |  |      |      |      |      |  |  |      |      |       |      |                        |   |                     |      |     |      |    |  |              |       |                |          |       |   |        |      |                   |      |         |  |                      |      |         |      |              |   |              |      |                 |          |          |  |          |          |      |      |      |                  |                        |      |      |      |      |  |                                   |      |      |      |      |                          |                          |      |      |      |      |   |   |      |      |      |      |                                 |   |      |                     |      |     |                                    |  |          |   |      |     |                               |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |    |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |  |     |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |
| <p><b>1. FILING FEE</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1011</td><td>300</td><td>2011</td><td>150</td><td>Utility Filing Fee</td><td></td></tr> <tr><td>1111</td><td>500</td><td>2111</td><td>250</td><td>Utility Search Fee</td><td></td></tr> <tr><td>1311</td><td>200</td><td>2311</td><td>100</td><td>Utility Examination Fee</td><td></td></tr> <tr><td>1081</td><td>250</td><td>2081</td><td>125</td><td>Utility over 100 sheet fee per additional 50</td><td></td></tr> <tr><td>1085</td><td>250</td><td>2085</td><td>125</td><td>Provisional over 100 sheet fee per add. 50</td><td></td></tr> <tr><td>1005</td><td>200</td><td>2005</td><td>100</td><td>Provisional filing fee</td><td></td></tr> <tr><td colspan="5"><b>SUBTOTAL (1)</b></td><td><b>\$ 0</b></td></tr> </tbody> </table> <p><b>2. CLAIMS</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Total Claims</th> <th>Extra</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>-20 =</td> <td>0</td> <td>x 25 =</td> <td></td> </tr> <tr> <td>Ind. Claims - 3 =</td> <td>0</td> <td>x 100 =</td> <td></td> </tr> <tr> <td>Multiple Dep. Claims</td> <td>0</td> <td>x 180 =</td> <td>0</td> </tr> </tbody> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1202</td><td>50</td><td>2202</td><td>25</td><td>Claims in excess of 20</td><td></td></tr> <tr><td>1201</td><td>200</td><td>2201</td><td>100</td><td>Independent claims in excess of 3</td><td></td></tr> <tr><td>1203</td><td>360</td><td>2203</td><td>180</td><td>Multiple dependent claim</td><td></td></tr> <tr><td>1204</td><td>200</td><td>2204</td><td>100</td><td>Reissue independent claims over original patent</td><td></td></tr> <tr><td>1205</td><td>50</td><td>2205</td><td>25</td><td>Reissue claims in excess of 20 and over original patent</td><td></td></tr> <tr><td colspan="5"><b>SUBTOTAL (2)</b></td><td><b>0</b></td></tr> </tbody> </table> | Large Entity   |                | Small Entity |  | Fee Description | Fee Paid        | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 1011     | 300  | 2011 | 150  | Utility Filing Fee |                                     | 1111 | 500  | 2111 | 250  | Utility Search Fee |  | 1311 | 200  | 2311 | 100  | Utility Examination Fee |                           | 1081 | 250  | 2081 | 125  | Utility over 100 sheet fee per additional 50 |  | 1085 | 250  | 2085 | 125  | Provisional over 100 sheet fee per add. 50 |  | 1005 | 200  | 2005  | 100  | Provisional filing fee |   | <b>SUBTOTAL (1)</b> |      |     |      |    | <b>\$ 0</b>                            | Total Claims | Extra | Fee from below | Fee Paid | -20 = | 0                                       | x 25 = |      | Ind. Claims - 3 = | 0    | x 100 = |  | Multiple Dep. Claims | 0    | x 180 = | 0    | Large Entity |   | Small Entity |      | Fee Description | Fee Paid | Fee Code | Fee (\$)                               | Fee Code | Fee (\$) | 1202 | 50   | 2202 | 25               | Claims in excess of 20 |      | 1201 | 200  | 2201 | 100                                    | Independent claims in excess of 3 |      | 1203 | 360  | 2203 | 180                      | Multiple dependent claim |      | 1204 | 200  | 2204 | 100   | Reissue independent claims over original patent |      | 1205 | 50   | 2205 | 25                              | Reissue claims in excess of 20 and over original patent |      | <b>SUBTOTAL (2)</b> |      |     |                                    |  | <b>0</b> | <p><b>SUBTOTAL (3)</b> <span style="float: right;"><b>\$ 970</b></span></p> <p>*Reduced by Basic Filing Fee</p> |      |     |                               |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |    |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |  |     |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |
| Large Entity  |  | Small Entity   |              | Fee Description  |                 |                 | Fee Paid |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                    |  |      |      |      |      |                         |                           |      |      |      |      |  |  |      |      |      |      |  |  |      |      |       |      |                        |   |                     |      |     |      |    |  |              |       |                |          |       |   |        |      |                   |      |         |  |                      |      |         |      |              |   |              |      |                 |          |          |  |          |          |      |      |      |                  |                        |      |      |      |      |  |                                   |      |      |      |      |                          |                          |      |      |      |      |   |   |      |      |      |      |                                 |   |      |                     |      |     |                                    |  |          |   |      |     |                               |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |    |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |  |     |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |
| Fee Code  | Fee (\$)   | Fee Code       | Fee (\$)     |  |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                    |  |      |      |      |      |                         |                           |      |      |      |      |  |  |      |      |      |      |  |  |      |      |       |      |                        |   |                     |      |     |      |    |  |              |       |                |          |       |   |        |      |                   |      |         |  |                      |      |         |      |              |   |              |      |                 |          |          |  |          |          |      |      |      |                  |                        |      |      |      |      |  |                                   |      |      |      |      |                          |                          |      |      |      |      |   |   |      |      |      |      |                                 |   |      |                     |      |     |                                    |  |          |   |      |     |                               |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |    |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |  |     |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |
| 1011  | 300  | 2011           | 150          | Utility Filing Fee   |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                    |  |      |      |      |      |                         |                           |      |      |      |      |  |  |      |      |      |      |  |  |      |      |       |      |                        |   |                     |      |     |      |    |  |              |       |                |          |       |   |        |      |                   |      |         |  |                      |      |         |      |              |   |              |      |                 |          |          |  |          |          |      |      |      |                  |                        |      |      |      |      |  |                                   |      |      |      |      |                          |                          |      |      |      |      |   |   |      |      |      |      |                                 |   |      |                     |      |     |                                    |  |          |   |      |     |                               |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |    |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |  |     |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |
| 1111  | 500  | 2111           | 250          | Utility Search Fee   |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                    |  |      |      |      |      |                         |                           |      |      |      |      |  |  |      |      |      |      |  |  |      |      |       |      |                        |   |                     |      |     |      |    |  |              |       |                |          |       |   |        |      |                   |      |         |  |                      |      |         |      |              |   |              |      |                 |          |          |  |          |          |      |      |      |                  |                        |      |      |      |      |  |                                   |      |      |      |      |                          |                          |      |      |      |      |   |   |      |      |      |      |                                 |   |      |                     |      |     |                                    |  |          |   |      |     |                               |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |    |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |  |     |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |
| 1311  | 200  | 2311           | 100          | Utility Examination Fee  |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                    |  |      |      |      |      |                         |                           |      |      |      |      |  |  |      |      |      |      |  |  |      |      |       |      |                        |   |                     |      |     |      |    |  |              |       |                |          |       |   |        |      |                   |      |         |  |                      |      |         |      |              |   |              |      |                 |          |          |  |          |          |      |      |      |                  |                        |      |      |      |      |  |                                   |      |      |      |      |                          |                          |      |      |      |      |   |   |      |      |      |      |                                 |   |      |                     |      |     |                                    |  |          |   |      |     |                               |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |    |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |  |     |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |
| 1081  | 250  | 2081           | 125          | Utility over 100 sheet fee per additional 50                               |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                    |  |      |      |      |      |                         |                           |      |      |      |      |  |  |      |      |      |      |  |  |      |      |       |      |                        |   |                     |      |     |      |    |  |              |       |                |          |       |   |        |      |                   |      |         |  |                      |      |         |      |              |   |              |      |                 |          |          |  |          |          |      |      |      |                  |                        |      |      |      |      |  |                                   |      |      |      |      |                          |                          |      |      |      |      |   |   |      |      |      |      |                                 |   |      |                     |      |     |                                    |  |          |   |      |     |                               |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |    |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |  |     |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |
| 1085  | 250  | 2085           | 125          | Provisional over 100 sheet fee per add. 50                                 |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                    |  |      |      |      |      |                         |                           |      |      |      |      |  |  |      |      |      |      |  |  |      |      |       |      |                        |   |                     |      |     |      |    |  |              |       |                |          |       |   |        |      |                   |      |         |  |                      |      |         |      |              |   |              |      |                 |          |          |  |          |          |      |      |      |                  |                        |      |      |      |      |  |                                   |      |      |      |      |                          |                          |      |      |      |      |   |   |      |      |      |      |                                 |   |      |                     |      |     |                                    |  |          |   |      |     |                               |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |    |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |  |     |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |
| 1005  | 200  | 2005           | 100          | Provisional filing fee   |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                    |  |      |      |      |      |                         |                           |      |      |      |      |  |  |      |      |      |      |  |  |      |      |       |      |                        |   |                     |      |     |      |    |  |              |       |                |          |       |   |        |      |                   |      |         |  |                      |      |         |      |              |   |              |      |                 |          |          |  |          |          |      |      |      |                  |                        |      |      |      |      |  |                                   |      |      |      |      |                          |                          |      |      |      |      |   |   |      |      |      |      |                                 |   |      |                     |      |     |                                    |  |          |   |      |     |                               |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |    |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |  |     |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |
| <b>SUBTOTAL (1)</b>   |  |                |              |  | <b>\$ 0</b>     |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                    |  |      |      |      |      |                         |                           |      |      |      |      |  |  |      |      |      |      |  |  |      |      |       |      |                        |   |                     |      |     |      |    |  |              |       |                |          |       |   |        |      |                   |      |         |  |                      |      |         |      |              |   |              |      |                 |          |          |  |          |          |      |      |      |                  |                        |      |      |      |      |  |                                   |      |      |      |      |                          |                          |      |      |      |      |   |   |      |      |      |      |                                 |   |      |                     |      |     |                                    |  |          |   |      |     |                               |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |    |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |  |     |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |
| Total Claims  | Extra  | Fee from below | Fee Paid     |  |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                    |  |      |      |      |      |                         |                           |      |      |      |      |  |  |      |      |      |      |  |  |      |      |       |      |                        |   |                     |      |     |      |    |  |              |       |                |          |       |   |        |      |                   |      |         |  |                      |      |         |      |              |   |              |      |                 |          |          |  |          |          |      |      |      |                  |                        |      |      |      |      |  |                                   |      |      |      |      |                          |                          |      |      |      |      |   |   |      |      |      |      |                                 |   |      |                     |      |     |                                    |  |          |   |      |     |                               |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |    |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |  |     |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |
| -20 =   | 0  | x 25 =         |              |  |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                    |  |      |      |      |      |                         |                           |      |      |      |      |  |  |      |      |      |      |  |  |      |      |       |      |                        |   |                     |      |     |      |    |  |              |       |                |          |       |   |        |      |                   |      |         |  |                      |      |         |      |              |   |              |      |                 |          |          |  |          |          |      |      |      |                  |                        |      |      |      |      |  |                                   |      |      |      |      |                          |                          |      |      |      |      |   |   |      |      |      |      |                                 |   |      |                     |      |     |                                    |  |          |   |      |     |                               |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |    |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |  |     |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |
| Ind. Claims - 3 =   | 0  | x 100 =        |              |  |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                    |  |      |      |      |      |                         |                           |      |      |      |      |  |  |      |      |      |      |  |  |      |      |       |      |                        |   |                     |      |     |      |    |  |              |       |                |          |       |   |        |      |                   |      |         |  |                      |      |         |      |              |   |              |      |                 |          |          |  |          |          |      |      |      |                  |                        |      |      |      |      |  |                                   |      |      |      |      |                          |                          |      |      |      |      |   |   |      |      |      |      |                                 |   |      |                     |      |     |                                    |  |          |   |      |     |                               |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |    |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |  |     |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |
| Multiple Dep. Claims  | 0  | x 180 =        | 0            |  |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                    |  |      |      |      |      |                         |                           |      |      |      |      |  |  |      |      |      |      |  |  |      |      |       |      |                        |   |                     |      |     |      |    |  |              |       |                |          |       |   |        |      |                   |      |         |  |                      |      |         |      |              |   |              |      |                 |          |          |  |          |          |      |      |      |                  |                        |      |      |      |      |  |                                   |      |      |      |      |                          |                          |      |      |      |      |   |   |      |      |      |      |                                 |   |      |                     |      |     |                                    |  |          |   |      |     |                               |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |    |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |  |     |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |
| Large Entity  |  | Small Entity   |              | Fee Description  | Fee Paid        |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                    |  |      |      |      |      |                         |                           |      |      |      |      |  |  |      |      |      |      |  |  |      |      |       |      |                        |   |                     |      |     |      |    |  |              |       |                |          |       |   |        |      |                   |      |         |  |                      |      |         |      |              |   |              |      |                 |          |          |  |          |          |      |      |      |                  |                        |      |      |      |      |  |                                   |      |      |      |      |                          |                          |      |      |      |      |   |   |      |      |      |      |                                 |   |      |                     |      |     |                                    |  |          |   |      |     |                               |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |    |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |  |     |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |
| Fee Code  | Fee (\$)   | Fee Code       | Fee (\$)     |  |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                    |  |      |      |      |      |                         |                           |      |      |      |      |  |  |      |      |      |      |  |  |      |      |       |      |                        |   |                     |      |     |      |    |  |              |       |                |          |       |   |        |      |                   |      |         |  |                      |      |         |      |              |   |              |      |                 |          |          |  |          |          |      |      |      |                  |                        |      |      |      |      |  |                                   |      |      |      |      |                          |                          |      |      |      |      |   |   |      |      |      |      |                                 |   |      |                     |      |     |                                    |  |          |   |      |     |                               |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |    |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |  |     |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |
| 1202  | 50   | 2202           | 25           | Claims in excess of 20   |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                    |  |      |      |      |      |                         |                           |      |      |      |      |  |  |      |      |      |      |  |  |      |      |       |      |                        |   |                     |      |     |      |    |  |              |       |                |          |       |   |        |      |                   |      |         |  |                      |      |         |      |              |   |              |      |                 |          |          |  |          |          |      |      |      |                  |                        |      |      |      |      |  |                                   |      |      |      |      |                          |                          |      |      |      |      |   |   |      |      |      |      |                                 |   |      |                     |      |     |                                    |  |          |   |      |     |                               |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |    |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |  |     |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |
| 1201  | 200  | 2201           | 100          | Independent claims in excess of 3  |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                    |  |      |      |      |      |                         |                           |      |      |      |      |  |  |      |      |      |      |  |  |      |      |       |      |                        |   |                     |      |     |      |    |  |              |       |                |          |       |   |        |      |                   |      |         |  |                      |      |         |      |              |   |              |      |                 |          |          |  |          |          |      |      |      |                  |                        |      |      |      |      |  |                                   |      |      |      |      |                          |                          |      |      |      |      |   |   |      |      |      |      |                                 |   |      |                     |      |     |                                    |  |          |   |      |     |                               |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |    |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |  |     |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |
| 1203  | 360  | 2203           | 180          | Multiple dependent claim   |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                    |  |      |      |      |      |                         |                           |      |      |      |      |  |  |      |      |      |      |  |  |      |      |       |      |                        |   |                     |      |     |      |    |  |              |       |                |          |       |   |        |      |                   |      |         |  |                      |      |         |      |              |   |              |      |                 |          |          |  |          |          |      |      |      |                  |                        |      |      |      |      |  |                                   |      |      |      |      |                          |                          |      |      |      |      |   |   |      |      |      |      |                                 |   |      |                     |      |     |                                    |  |          |   |      |     |                               |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |    |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |  |     |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |
| 1204  | 200  | 2204           | 100          | Reissue independent claims over original patent                            |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                    |  |      |      |      |      |                         |                           |      |      |      |      |  |  |      |      |      |      |  |  |      |      |       |      |                        |   |                     |      |     |      |    |  |              |       |                |          |       |   |        |      |                   |      |         |  |                      |      |         |      |              |   |              |      |                 |          |          |  |          |          |      |      |      |                  |                        |      |      |      |      |  |                                   |      |      |      |      |                          |                          |      |      |      |      |   |   |      |      |      |      |                                 |   |      |                     |      |     |                                    |  |          |   |      |     |                               |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |    |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |  |     |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |
| 1205  | 50   | 2205           | 25           | Reissue claims in excess of 20 and over original patent                    |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                    |  |      |      |      |      |                         |                           |      |      |      |      |  |  |      |      |      |      |  |  |      |      |       |      |                        |   |                     |      |     |      |    |  |              |       |                |          |       |   |        |      |                   |      |         |  |                      |      |         |      |              |   |              |      |                 |          |          |  |          |          |      |      |      |                  |                        |      |      |      |      |  |                                   |      |      |      |      |                          |                          |      |      |      |      |   |   |      |      |      |      |                                 |   |      |                     |      |     |                                    |  |          |   |      |     |                               |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |    |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |  |     |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |
| <b>SUBTOTAL (2)</b>   |  |                |              |  | <b>0</b>        |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                    |  |      |      |      |      |                         |                           |      |      |      |      |  |  |      |      |      |      |  |  |      |      |       |      |                        |   |                     |      |     |      |    |  |              |       |                |          |       |   |        |      |                   |      |         |  |                      |      |         |      |              |   |              |      |                 |          |          |  |          |          |      |      |      |                  |                        |      |      |      |      |  |                                   |      |      |      |      |                          |                          |      |      |      |      |   |   |      |      |      |      |                                 |   |      |                     |      |     |                                    |  |          |   |      |     |                               |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |    |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |  |     |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |

|                       |  |                |  |                                 |        |
|-----------------------|--|----------------|--|---------------------------------|--------|
| <b>SUBMITTED BY</b>   |  |                |  | <b>Complete (if applicable)</b> |        |
| Typed or Printed Name |  | David B. Fonda |  | Reg. Number                     | 39,672 |
| Signature             |  | Date           |  | Deposit Account User ID         |        |
|                       |  | May 26, 2005   |  |                                 |        |

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington.